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UNION IS STRENGTH.

THE UNION STANDS FOR THE FOLLOWING POLICY.

1. That instruction covering all aspects of general practice shall form part of a student's curriculum.

2. That there shall be right of access of general practitioners to the hospitals in their area with facilities for taking a reponsible part in the work of the hospitals.

3. That public health clinics be staffed by the practitioners in the area.

4. That changes in the constitution of the Medical Council be made which will secure at least one half direct representation of practitioners in general practice.

5. That certificates from Registered Medical Practitioners shall be valid without *counter signature* by Government Medical Officer.

6. That the present system of examinations of varying standards, all qualifying for enrolment in the Medical Register, be abolished and that one general standard be substituted (thus bringing the medical profession into line with certain other professions).

JOIN THE UNION.

BULLETIN

OF THE

SOUTH INDIAN MEDICAL ASSOCIATION.

MAY 1932.

Points in the Prophylaxis of Tuberculosis

By Dr. Naliniranjan Sen Gupta, M.D.

In the prophylaxis and treatment of tuberculosis here, one has to remember that tuberculosis as we see it in India is a very different disease to the tuberculosis that prevails in Europe today. Although an ancient disease in both continents, tuberculosis in Europe started on an almost epidemic course early in the last century after industrialisation of Europe had commenced after the close of the Napoleonic wars, *i.e.*, when the first chimneys began to be erected for the cotton mills of Lancashire, and for the first silk factories in France and later on about the time when coal began to be the pivot of Germany's industries. All the horrors now attended with T. B. dissemination in India used to be witnessed in the slums around these industrial centres. Naturally the death rate was extremely heavy, probably heavier even than in India now. A gradual process of natural immunisation started and from about 50 years ago forces of immunity have become more powerful than those of infection and in consequence " Propagandists claim that the Captain of the men of death is dying out."

In India on the other hand industrialisation, the growth of towns on the Western model and mechanised transport with mixing up of large masses of people in crowds are of recent growth. Infection is therefore just beginning to make itself felt and immunity has not had time to assert itself. The deplorable consequences of this urbanisation and industrialisation similar to those seen in Europe in the last century, are only just beginning to be manifest everywhere.

In a very interesting monograph (for the Medical Research Council, 1930, Special Report 149) Dr. H. H. Scott has compared the lesion in wild animals infected with T. B. and that in domesticated animals and also of Eastern races like the Chinese with Western races. In every one of his 300 post mortems on Chinese the most striking fact noticed is the enormous difference in the infectivity and the severity of the lesion in the non-immune Chinese as compared with the immune European races. The amount of virulence, the severity of the infection, the rapidity of the course and the tremendous death rate seen amongst races freshly infected from contact with the West—such as the Chinese and the Indian—have to be seen to be believed. Moriston Davies says that pulmonary tuberculosis seen in the adult in England is rarely a primary infection, it is a reinfection of an old focus of childhood. Here in India we may say it is generally a fresh infection and rarely a re-infection. Again tuberculosis in old people has been described as being an entirely different disease to tuberculosis seen in young people (Tuberculosis Annual Meeting, March 19, 1930.) It is easy to see then how different Indian tuberculosis which is comparable to tuberculosis in the young must be to tuberculosis in Europe which is parallel to tuberculosis in the old.

In addition to India being thus a comparatively virgin field for the ravages of the T.B. certain outstanding

factors in devitalisation have assisted in the process. The first, undoubtedly the foremost, is Malaria which in addition to causing a million and half deaths per annum is responsible for an untold amount of devitalisation in the people who escape death but survive to suffer which means practically wrecking the health of a whole nation. The next factor is industrialisation with its squalor, its filth, its tenements and the week-end boozing all typically Western in conception and execution. The third factor is the construction of houses in foolish imitation of the West without verandahs which used to constitute under the name of verandah (for pucca houses) or *Dawa* (for katcha houses) the main place of residence night and day except in inclement weather. Rooms were then often badly built with small windows no doubt but rooms were meant principally for security of valuables and not for residence in those days. A courtyard for the Zenana was considered an imperative necessity. But such outdoor life has been practically abandoned with the new way of planning houses on Western models without verandahs and courtyards. The setting up of pucca school buildings in place of the open-air-village-pathsalas has been another nail in the coffin of the outdoor life of the young, serving to imprison the little scholars for hours at a stretch in small stuffy rooms. These conditions in school are materially helped by a nation-wide insistence on University degrees for girls as well as boys resulting in the anæmic look, the thenoid chast, myopic eyes all of which furnish in no small degree a definite ground work for T.B. in the rising generation. Whatever the reason might be, it is our experience, and it will probably be borne out by many of my colleagues that the training of girls in particular, for University degrees leads not uncommonly to physical conditions which are very favourable for the T.B.

The next factor is the throwing overboard of old dietetic principles of fresh natural food with plenty of vitamins and their replacement by new untried ones, again in senseless imitation of the West—tinned, bottled, supercooked and the almost universal adoption of tea which has practically no food value whatever. Also adulteration of our vital food stuffs, a pernicious process only possible in present day Indian conditions, has definitely come to stay. The net result is starvation of vitamins and of essentials which cannot fail to show its effects on our tuberculosis statistics. Again, public dining at restaurants with its easy possibility of transference of diseases so long interdicted by salutary social traditions, is now fast coming into favour in cheap imitation of Western methods and the attitude has undoubtedly helped the spread of diseases and extension and frequency of epidemics. Finally the moral factor is not to be overlooked. I may be excused quoting myself here (Presidential speech, Nadia Red Cross). " The constant succession of stimuli and shocks to the nervous system which modern condition of ' Civilised ' life impose on us, the constant and unceasing struggle for existence with its intense and ever increasing keenness, the falling off from our lofty idea into narrow and self-seeking grooves with its race war and class war have all combined to induce the strain on the Kata-Endocrines, the Thyroid, the Post Pituitary and Adrenals necessary for the production of tuberculosis. In more comfortable circumstances strain on these endocrines leads to diabetes and hypertension. Similar conditions in Europe and America have led to an alarming increase in apoplexies, heart failures, lunacies, suicides and murders. With our long heritage of quiet and peace, of serenity and renunciation, we are all the more unfitted for this feverish anxiety for the pleasures of the flesh, and naturally we fall an easy

prey to the grief and disappointment, that they bring in their train. Economic conditions have also undergone such a drastic change that the vast majority of our countrymen are half-fed and ill-nourished. A handful who are really above want, have had their ideals of life so altered, that with them life is but a kaleidoscopic succession of engagements and amusements. Without paying a thought to their suitability, much less to their utility they try to ape European manners and customs and are closely followed in this race for blind and pernicious imitation by people who are below them in the social or the economic scale. The result has been a regrettable perversion of our ideals. It has now become our aim to make the most of the present, forgetful of the future, and the future in its turn forgets us and the present forsakes us."

With a disappearance of moral control and with a new outlook in life which regards parental control as a slur on the intelligence of the young has disappeared the most effective restraining factor in the sexual life of young married people. What would have appeared a truism to Indians of the old school, *viz.*, continence during the last 8 weeks of pregnancy now requires a Professor (MITRA, Journal of Indian Medical Association, January 1932,) WALTHARD of Zurich who by appeals and lectures has insisted on sexual continence in the last 8 weeks of pregnancy. It is obvious that under present conditions the learned Professor's appeal must fall on deaf ears. No wonder *sutika* and pregnancy-anæmia the result of uncontrolled pregnancies even in the very sick and ailing and of other indiscretions are naturally rampant and tuberculosis finds its victims by the million amongst our young mothers.

It is the fashion now a days to decry some of our ancient social customs and practices as being essentially responsible for the high tuberculosis death rate. A little examination will show, however, that our critics are speaking without their books and facts are entirely otherwise. The inevitable first results of urbanisation and industrialisation affect India as they affected Europe, the only difference being one of time. Europe started getting immunised about 80 years ago and India is only just beginning to do it. Similarly early marriage, the *bete noir* of our foreign and domestic critics is universally held responsible for the high mortality rate of girls in this country. But surely no one will acuse English girls of suffering from the disability of the Purdah and of child marriage. How then are we to explain the singular fact that in Great Britain also the rapid decline in tuberculous mortality has not been accompanied by any corresponding improvement in the tuberculous death rate of girls between 15 and 25 years of age who are still dying in relatively greater numbers? Indeed in recent years in some districts the deaths have been actually more numerous. BURTON WOOD of the Victoria Park Hospital commenting on this high death rate in girls says (Lancet, October 4, 1930): "The cause of the high mortality in young girls is unknown." Evidently then the high death rate amongst girls is a world-wide factor. Is it not poor logic, to be ready with an explanation for the death rate in this country and to offer none for the same events in another country? Such a course of reasoning might suit propagandists and stump orators but not men of science. Again when we find that the death rate and infection amongst the Chinese mountihg up at the same rate as amongst us, although they suffer from none of the disabilities of the purdah, caste and child marriage, we feel that the suggestion that early marriage, caste system, the purdah and religious prac-

tices are the causes of a high tuberculosis death rate in this country must be the outcome of sheer unreasoning prejudice. Finally, men who are supposed to know what they are talking about are surely aware that Indian Christians in the city of Calcutta have a much higher death rate and incidence rate than the Hindus, (death rate from Christians per 1000, 4·7; Hindus per 1000, 2·8). If deduction from statistics has any logical basis we would have surely found our experts ranged in favour of the same social customs and speaking up for early marriage and the purdah and our social life, instead of carrying on a compaign against these practices.

We must, therefore, beware of accepting shibboleths about faulty social customs and early marriage at their face value and look to the real culprit in the case, *viz.*, Western Civilisation and its baneful impact on the serene tenor of life of Eastern people.

The real prophylaxis, therefore, against tuberculosis lies not alone in the isolation of the patient nor in the attempt to eradicate that most deadly of scourges Malaria—important as they undoubtedly are.

The anchors that have held for centuries must not be let go. Parental control over the young, refusing to make a fetish of pleasure, abandonment of imitation of West in principles and in details of our life these are essentials if the change from a simple rural uninfected population to urbanized civilization has to be robbed of its terrors during the period of transition.

Cottage industries as against factories should be helped, residence away from towns encouraged, compulsory provision of verandhas and courtyards in all houses should be made, the crowding and the excitement of sight seeing at foot-ball matches should be avoided and the wholly immoral and physically evil atmosphere of the stuffy cinema should be banned specially for children. Milk diet specially for children should be encouraged. Imported tinned food and tea should be avoided and dining at restaurants condemned. Organised attempts should be made for improving the appalling housing conditions of the poor in the cities and industrial towns. If all this is done it is possible that the process of industrialisation of 300 millions of people may be rendered as safe as it possibly can be.

Finally the provision of more centres of treatment by the State and by public bodies, the diagnosis and removal to sanatoria and to these centres of the early as well as of the late cases which are undoubtedly the most effective method of segregation of the infected from the non-infected, should not be made to wait for better days. We all know how kala-azar was brought under control by treatment of cases initiated by public and private bodies on a large scale and not by any preventive measures. Without claiming anything like the same measure of success it may safely be said that removal to and treatment at recognised centres will go a great way in removing the potential and active sources of infection and should not be made to wait for so called educative efforts.

(*Journal of I. M. Assocn.*)

ASSOCIATION NOTES.

Delhi Medical Association.

Annual General Meeting held on 12th April 1932.

HONORARY SECRETARY'S REPORT.

President, Ladies and Gentlemen,

The Delhi Medical Association is in existence for years and it is rather late in the day to dilate upon the necessity for such an organisation which must

now be patent to all. From the moribund condition in which it was before the year 1925, it has steadily grown up into an important institution, whose existence is more than justified already by the ever increasing support that has been extended to it, not only by the members of the noble profession which it seeks to represent, but also by the Government and the public at large.

Membership.—Our Association had 98 members at the end of the year 1930-31 and at present the number has increased to 109. The association enlisted new 19 members this year, but lost 8 in the following manner three by resignation, one by death and four due to non-payment of subscription. We are proud of the fact that 26 ladies belonging to our profession are members of our Association. Unlike some of the similar institutions in other parts of the country, our Association embraces every one of our profession having registrable qualifications, and as a result a fair number of Licentiates are its members whose interest it has been our earnest endeavour to safeguard At present our Association is urging the Government to include the name of the Licentiates in the central Register to be maintained by the proposed Indian Medical Council.

Meetings.—During the last year besides 10 ordinary monthly general meetings and 13 meetings of the Managing Committee we had the Annual Dinner and an At Home party in honour of the Prof. Hirsehfield of Berlin. Following the suggestion given by my predecessor in the last Annual report I tried to arrange an excursion party which failed owing to lack of proper response.

Scientific discourses.—Being guided by the remarks of my predecessor and also having received suggestions from some members, I paid more attention to hold scientific discourses. But I must with regret admit that my attempts in this direction have not borne much fruit. Inspite of repeated requests only a few came forward to read papers. Apart from this I noticed another difficulty in this connection. In summer months attendance is generally meagre and consequently those intending to read papers do not feel inclined to read these before a thin house. Whereas in the winter months the agenda is usually full of medico-political items which take up most of its time. Many of these items can well be dealt with by the Managing Committee, but as it is customary to discuss these in monthly general meetings, the Managing Committee has become merely a recommending body which is contrary to the intentions of the Memo and Articles of Association. Inspite of these difficulties the following scientific discourses were held.

1. Dr. Raghubir Chand read a paper on ' Prevalence of Tuberculosis in Delhi City, its causes and remedies'.

2. Dr. N. C. Joshi on his experience in Mayo Clinic for 5 years.

3. Dr. N. C. Joshi on common surgical mistakes as experienced in his practice.

4. Prof. Hireshfield of international fame, on Sex Pathology.

5. Dr. H. C. Mankel, M.D., on Endocrines in general practice.

Financial position.—The Association has a plot of land worth Rs. 2,400 according to Nazul rate and Rs 2,324-8 as balance on hand at the end of February. Last year's balance was Rs. 1,886 out of which a heavy sum of Rs. 405 had to be spent for the last years dinner,

Health Centre for men.—I consider that the greatest achievement of the year is the establishment and running of a chartiable Venereal Clinic named Health Centre for Men. The figures mentioned in the report of the Joint Secretary of the Centre shows what private individuals with firm purpose and selfless aims can achieve in spite of heavy odds. I hope in the near future the public and the Government will realize the importance of our work and enable us to direct our activities to more extensive and useful fields of public utility.

At this point we must acknowledge with thanks the sacrifice made by some our members who have worked for this institution, as Honorary Medical Officers. On behalf of the Association I must also thank the Delhi Health and Social Service Union which has enabled us to carry on this important work by financing the Centre.

Recognition of this Association.—I feel proud to mention that the Association is gradually gaining importance in the eyes of the public and the Government. As a proof of this I may mention that it has this year succeeded in securing a seat in the Court of Delhi University. I may add that this year we have been asked to send representatives to the Tuberculosis Sub-Committee of Red Cross Society. Our next attempts will be to secure representation in Municipal Committees and we have already taken a move in that direction.

Journals.—At present the Association subscribes the following journals.

British Medical Journal.

Lancet.

Indian Medical Gazette.

Practitioners.

Journal of the Indian Medical Association.

Bombay Medical Journal.

Practical Medicine.

Medical Comrade.

Association buildings.—I have submitted detailed statement of this matter before monthly General meetings from time to time. The latest development is that a plan of the building has been submitted to the Deputy Commissioner for sanction. As soon as the sanction is accorded my successor will be in a position to commence the work.

Ladies and gentlemen, I feel obliged to make some observations regarding the present state of our profession and I hope to be excused from taxing your patience for a little while more.

Observation on the present state of the medical profession.—Excepting a very limited few of the private practitioners of this locality I dare say that we do not make decent living out of our profession. I think overcrowding is neither the only not the chief cause. I am conscious of the fact that taking sponsors of the indigenous system into consideration there is a real overcrowding no doubt. But in my opinion that alone would not have caused so much distress amongst the members of the profession. Besides the present unprecedented economic depression, progressive overcrowding of the profession and general poverty of the country, there are other causes which with patient and concerted effect we can remove, and thereby improve our lot considerably. In this connection I may refer to a hint given in the Presidential address of the last year. The general practitioners were advised by the President to specialise in suitable subjects. Of course at the most half a dozen of us in this locality may well utilise that suggestion. But there are difficulties in that also. After completing a costly education

like ours very few can well afford to pay for specialisation, for which, unfortunately one has to go abroad. But we are mainly concerned with the lot of a vast number of general practitioners.

If we compare our lot with that of our brothers in some of the European countries we find that though the profession is more overcrowded there still the condition of the private practitioners is much better than ours. The reason of the difference, I think, lies in the fact that in those places though the general practitioners charge moderately, they always charge something for consultation; whereas in our country though the visiting fee of a general practitioner is nominally high, but most of our services rendered in the consultation room are demanded and given free of charge. By united action public mind has to be educated in this respect.

Another obstacle in the way of improving our lot is the system of indescriminately giving free services and free medicines at hospitals. When this system was introduced by the Government, perhaps there was more than one reason to support it. But the conditions have changed since long ago and it is high time that this practice should be modified. Those who are in a position to pay for their treatment should everywhere be charged for the services rendered to them. Of course, in our professional dealing, the poor should always be treated leniently.

Next thing which strikes my mind is the administration of the Municipal dispensaries. I understand that in a number of such dispensaries of this locality daily attendance varies from 300 to 500 or more. Is it not absurd for one doctor to do even semblance of justice to so many patients even if he works from morning till midnight. On the other hand these gentlemen in charge of dispensaries have to attend their private practice as well. I would suggest that the municipality in addition to the doctor in charge may engage one or more junior general practitioners in each dispensary on a small allowance of Rs. 50 or 100 for a limited number of years. Such a system will be useful to the practitioners as well as to the public. In this way a fair number of young practitioners may have relief and may gain useful experience. From my experience of House Surgeons and House Physicians in my college days I dare say that these young practitioners will be earnest workers rendering magnificent services to the public.

Lastly, I refer to the system of engaging experienced private practitioners as Honorary surgeons and Physicians in Hospitals. As you all know that in European Countries hospitals are generally manned by private practitioners. It is a hopeful sign that this system has been practically introduced with advantage in a number of places in Southern India and in a few hospitals of Bengal. In near future our attemps shall be to induce the Local Government and the Municipality to introduce this system over here.

Before concluding my report on behalf of the association I must acknowledge with thanks the help extended to us by Mr. S. K. Sen,t he Principal Hindu College, and Mr. R. O. Reha, the Secretary, Young Men's Christian Association for lending us their halls on several occasions. I must also thank Mr. J. N. Dass Gupta, Assistant Engineer to the Municipality for helping the committee to prepare a plan of the Association buildings. Lastly, we are indebted to the management of the *Hindustan Times* and *Statesman* for promptly publishing notices and report of our meeting for which we are thankful to them.

Presidential Address.

(Dr. J. K. Sen.)

Ladies and Gentlemen,

I am not going to deliver an address to you, I have not got the ability nor the ambition to do so. I thank the Honorary Secretaries, the Honorary Treasurer and the members of the Managing Committee who have worked whole heartedly for the association during the year. I thank the batch of volunteers who are running the Health Centre for Men. They have shown by their work that private practitioners can run a charitable institution without help and guidence from the officials. We should now ask for voluntary work in the hospitals. We should be appointed Honorary Surgeons and Physicians to the Hospitals and some beds should be allotted to us. This practice is in vogue in all large cities. I don't see why the Imperial city should be an exception. Recently I had an opportunity to go through a booklet published by a Municipal Commissioner about the Municipal needs of Delhi. He has advocated as a measure of economy, the employment in the hospitals of Honorary Surgeons and Physicians from among the private practitioners. He has also remarked that private practitioners should not grudge some charitable work. I had an occasion to call on him professionally recently. I told him that the private practitioner would be glad to undertake honorary work in the hospitals ff only the authorities consent to it. I further suggested that private practitioners would be also willing to run an entire hospital as is being done in one of the hospital at Madras, which fact he has mentioned in the booklet. He suggested to me that if the Delhi Medical Association sends a resolution to the Municipality to that effect, it may be possible to carry it through. He made some other suggestion to me which I shall divulge to the Secretary if the resolutions come up before the meeting at the next or any subsequent monthly meeting. I think we can do more useful work in the hospitals than the Municipalities if we got seat there or in the Delhi University court.

We have done very little scientific work during the year. Members should come forward to read papers and show cases. It does not matter if the paper be an ordinary subject. For it is always good to grind up our knowledge. If we want to make our association strong and establish a reputation for it, we must do some scientific work and make some contributions towards the progress of medical science. It is then only that our opinion will be respected by Government and the outside public in matters medical and sanitary. With this end in view I think our first endeavour should be to establish a library where members can make ready reference on any subject they like.

Though our number has increased I see visible signs of lack of interest and apathy among the members. There has been a distaste for tea and parties and unless we can add some appetiser there is every likelihood of the association getting into an atonic state and may fall a prey to some debilitating disease.

I hope you will excuse me if I have failed to discharge my duties properly or if I have offended anybody unconsciously.

I thank you for electing me again as your President.

Annual Report of the Health Centre for Men.

The Health and Social Service Union, Delhi, started the Health Centre for Men for the treatment of Venereal

Diseases under the management of Delhi Medical Association in May 1931.

A small paid staff, *i.e.*, a compounder and a ward-boy was appointed and five members of the Medical Association volunteered in the beginning to work as Honorary Surgeons. Some of these Honorary Surgeons have continued to work, some ceased working and new members have been taking their places so far 12 doctors have worked in the Centre including the five gentlemen who are working at present.

In the beginning the attendence of patients was rather low and so hand bills in English and Vernacular were distributed in the city and advertisement slides were shown on the public cinema screens for some time. This resulted in a rapid increase in the number of patients so much so that the number of patients treated during January, February and March 1932, has been more than 700 each month.

Total number of patients treated since the 23rd May, which was the opening day, up to the end of February 1932 was 4,538. Out of these 2,607 were gonorrhœa, 1,599 were syphilitic 219 had mixed infection, 30 were scabies, 16 cases had spermattorrhea and 61 consultations were given to people who attended the Centre for consultation about their general health.

Total number of new patients entry was, at the end of February 1932, 451. Out of this 185 were gonorrhoea cases 190 syphilis cases, 13 were mixed case, 17 scabies, 3 spermattorrhea and 43 consultations.

Total number of operations were only 3 so far. This is because arrangements have not been made for keeping the patients indoors, and this has been a great drawback in the efficient working of the Centre.

Up to the end of February 1932 the Centre was financed by the Health and Social Service Union, Delhi, but lately that body dissolved itself and handed over the Centre to the Red Cross Society, Delhi Branch, and now the fate of the Centre lies with this body who it is hoped will do all that they can to encourage the Centre and increase its utility.

At the time of starting the Centre it was the intention of the Managing Committee of Delhi Medical Association to start public lectures on Hygienic subjects. These lectures have not so far been started but measures can now be taken to start them. Volunteers from amongst the members of Delhi Medical Association can be enrolled and lectures started both in English and Vernacular. The Health and Social Service Union at the time of its dissolution transferred some charts and appliance to the Centre. These articles include an epediascope. This instrument and the magic lantern in the possession of the Delhi Medical Association will be very helpful in making the proposed health lectures interesting and successful. A pathological laboratory is also attached to the Centre where specimen of urine, pus, sputum, etc., are examined, Wasserman tests are performed by Dr. S. K. Sen in his own Laboratory and so far he has performed no less than 83 tests at his own cost and thanks are due to him for this considerable sacrifice on his part.

In the end are appended statements showing the monthly details of patients attending the Centre, specimen of pathological material examined in the laboratory and the balance sheet showing income and expenditure up to date.

So far Rs. 3,935-11-3 has been received from the financiers and disbursed. This sum includes Rs. 68-10-6 which was spent on laboratory and the balance of Rs. 67-7-9 on hand.

List of Honorary Surgeons of the Health Centre

(1) Dr. S. N. Abbas
(2) Capt. G. N. Khannas
(3) Capt. Mool Singh Bazaz.
(4) Dr. Shiv Ram Chopra.
(5) Capt. A. Roy Chowdhury.
(6) Dr. K. N. Sharma.
(7) Dr. K. N. Bose.
(8) Dr. S. K. Sen.
(9) Capt. P. L. Burman.
(10) Dr. Herkirath Singh Dhupia.
(11) Dr. N. Chatterji.
(12) Capt C. M. Kikani.

Details of Expenditure of the Health Centro for Men from May 1931 to March 1932.

	Rs.	A.	P.
Initial Expenditure	772	11	9
Medicines	1,599	11	9
Establishments	507	9	3
Rent & Taxes	738	3	6
Stationery	42	4	9
Miscellaneous	139	0	0
Laboratory	68	10	6
Cash in hand	67	7	9
Total ...	3,935	11	3

The Malabar District Medical Association, Calicut.

A meeting of the above association was held on the 23rd April at 6-30 p.m. in the Paran Hall, Calicut, under the presidency of Major A. I. Cox, I.M.S., the District Medical Officer, Malabar.

After the minutes of the previous meeting were read and adopted, the following resolution was moved from the chair and it was passed all members stading :—

" The association learns with great sorrow the sudden and unexpected passing away of Rao Sahib Dr. M. K. Verghese, a member of our association and desires to convey to his family our sympathy and deep regret in their bereavement.

Dr. Isac Joseph, L.M.S., B.S.SC., Municipal Health Officer, Calicut, was then called upon to deliver his lecture on " The Role of Mental Hygiene in Public Health." In his very interesting and very elaborate lecture he dwelt on the development of the mental condition of the child, the cœrcive methods sometimes employed, the correct way to be adopted, the moulding of the intellect of the young, the analysis of criminal and other tendencies of the adults. It was also pointed out that the medical Inspectors of schools could do a lot of useful work in finding out and suggesting several corrective methods in the young. After a short discussion the president wound up the proceedings with illuminating remarks.

The Managing Committee's recommendation regarding the celebration of the anniversary on the 21st May 1932 was accepted.

With votes of thanks to the lecturer, the president and the proprietor of the hall the meeting terminated at 8-30 p.m.

The All-India Medical Licentiates' Association, Madras Branch.

Under the auspices of the above Association a largely attended clinical meeting was held in the " Elliot School" Government Ophthalmic Hospital, Madras, on Saturday the 30th April 1932 at 6 p.m. when Dr. K. Koman Nair, L.R.C.P. & S., D.O.M.S., delivered a lecture on the " Recent Advances in Ophthalmology " under the presidency of Dr. U. Rama Rao.

The lecture was of very great scientific interest and practical importance to the Medical profession.

Confining his views to the therapeutic and operative sides, the learned Doctor dealt at length on some of the most up-do-date and modern methods of treatment of eye diseases such as the adrenalin and osmotic therapy for reduction of intraocular tension in chronic glaucoma, auto haemo-therapy with massage and foreign protein therapy in Trachoma and the ultra-violet-light Therapy in eczematous tubercular affections. It was also pointed out that Radium is used with fair amount of success in certain conditions.

Speaking about the latest developments in the improvement of vision by glasses, the lecturer showed the use of conducting glasses transparent and thin at the centre which could easily be put inside the conjunctial sack by patients with a little practice. The different advantages of the use of trifocal and telescopic lenses were stressed.

Regarding the operative technique the Doctor spoke at length about the advantages of local anaesthesia by blocking the facial nerve and gasserian ganglion and supported by authoritative statements upheld the capsulotomy method in all cases of cataract.

The President of the Association, Dr. U. Rama Rao, while paying a tribute to the learned lecturer for the most exhaustive and scientific paper read for more than an hour, laid stress on the need of general medical practitioners, specially the mofussil medical men to take advantage of the most modern methods of treatment mentioned by the lecturer and he further requested Dr. K. Koman Nair to publish his paper in the "Indian Medical Journal" the "Official Organ" of the Association.

The Meeting terminated with a vote of thanks to the Chair and the Lecturer and the authorities of the Institution proposed by Dr. G. Subbarayadu one of the Secreteries.

In the end a business meeting was held at which some important resolutions regarding the next annual conference and other financial affairs were passed.

The Alembic Chemical Works Limited, Baroda.

The Alembic Chemical Works Co., Ltd., one of the oldest commercial institutions of Baroda, has been developed by the patience, optimism and resourcefulness of its founders. Beginning early in the reign of His Highness the Maharaja of Gaekwar, as a small concern for the manufacture of basic spirit, the factory now produces on a large scale alcoholic preparations, pharmaceutical chemicals of British Pharmacopoeia standard, perfumery, toilet requisites, rectified spirit and essential oils from indigenous raw materials.

The present joint-stock company, under the name of the Alembic Chemical Works Company, was formed in 1907. The present success of the works is in great measure due to the energy, enterprise and ability of Mr. B. D. Amin, the Company's Managing Agent.

While the Pharmaceutical side of the works is being increasingly developed, the distillation and preparation of Rectified Spirit remains the most important part of the Company's business. The spirit manufactured is 68 O. P., and all care is being taken to ensure that it is free from fusel oil and other aldehydic content, and that it is neutral and odourless.

Another department of the works consists of the fermentation and chemical laboratories. The former has been equipped for the culture of pure yeast, samples of which were

obtained originally from the pasteur institute, Paris.

The gaseous carbonic acid gas, resulting from the fermentation process, is dried and purified before being compressed, liquified and filled in cylinders for use in mineral and soda water factories.

Stills of various types have been added to the works, and in the pramaceutical branch of the company, ointment mortars, emulsifiers, ball mills for pulverising, tablet machines, extraction batteries disintegrators, juice presses and filters, steam boiling pans, vacuum drying chambers, and other apparatus worked by power have been installed, so that the company can claim to be equipped with the modern appliances of every description.

The distillation of alcohol, the analysis of the various products of the pharmacy, and special in connection with the determination of the sugar in mahura flowers and molasses are conducted. Here are to be found a number of qualified technical assistants. They have for reference a well-equipped library, containing all the standard recognised technical works in English, French and German and the current technical journals.

Pharmaceutical preparations are manufactured in a department containing an emulsifier, tablet, sugar coating, polishing and suppository machines, and a vaccum still and condencer for products likely to be decomposed if dried by ordinary heat in the open air. The products are untouched by hand at any stage of the processes machinery has been provided for every purpose, from the moment the raw material is taken in until the finished product is bottled, sealed and packed. In the pharmacy department there are also steam pans, a still for distilled water, filter press, centrifugal and grinding machines, a hydro extracter, and a still of the latest pattern for the manufacture of essential oils. Flavoured Liquors, Alcoholic Tinctures, extracts and perfumed spirits are manufactured in what is called the bond laboratory, under the supervision of the Government staff, in accordance with the Exci e rules.

Recognition of the value of, and assistance derived from, research work is a feature of the Works. This is, perhaps, due to the early influence of keen scientific minds on the organisation of the business and the traditions established during its early stages.

The Rev. Dr. Mackichan, one of the members of the University Commission who visited the Alembic Chemical Works, observed that; "In these works the process of fermentation has been subjected to a thoroughly scientific investigation and the results of the knowledge thus acquired have been applied to the industries of the Factory. The process employed in distillation appears to be of the most recent type, while the pharmaceutical department is also organised on a thoroughly scientific basis."

Major-General C. P. Lukis, M.D., F.R C.S., Director-General of Indian Medical Service, observed when he visited the Alembic Works at Baroda: "It has given me the greatest pleasure to make the acquaintance of Prof. Gujjar, and visit the Alembic Works, which are fitted with the most modern appliances of every kind."

All persons interested in the development of indigenous, pharmaceutical and allied industries ard cordially invited to inspect the new laboratory which is completely fitted up with all necessary appliances for testing and standardising the preparations manufactured in the Alembic Factory, and to see the various departments in working order from the handling of the raw material to the completion of the product ready for the market.

BULLETIN

OF THE

SOUTH INDIAN MEDICAL ASSOCIATION.

MAY 1932.

The Profession.

We have, in these pages, often referred to the disabilities from which the profession has been suffering especially in Southern India. The independent medical profession and its organisation, the South Indian Medical Union, have very early realized that one of the handicaps for the success of the profession and the efficiency and adequacy of medical relief in this province was the absence of facilities for its members to be associated with the established hospitals and other medical institutions. No efforts have been spared by the profession through the Union to press its claims, regarding the necessity for association with the hospitals. The public, through their spokesman in the councils and outside, has very promptly and willingly helped us with their reasoned advocacy of the justness of our claims. The situation at present is that all open opposition is overcome; Government have fully conceded our claims to be associated with their institutions; and further the Government have fully realized that for the successful maintenance of medical relief, with its resources cut down, it has to get the co-operation of the practitioners of the land. For proof, we shall briefly outline the growth of the scheme of staffing the State Hospitals with honorary medical officers (for brevity we shall in future refer to it as the *Honorary scheme*). This scheme was started in the latter part of the year 1923 with seven members on the staff of the various hospitals in the city of Madras. After many vicissitudes, and after eight years of its working, the number of honorary medical men attached to the various hospitals at the beginning of this year was about 20 in the city and scores of others in the various district and taluk hospitals. Further, the idea of staffing one important hospital in the city entirely with honorary men has taken shape by the almost complete *honorarisation* of the Government Royapetta Hospital from the beginning of April 1932. From all reports we expect a large access of honorary men on the staff of the various hospitals in the presidency in the near future. With this liberal expansion of the honorary scheme one great obstacle in the path of the profession would fast disappear.

The other main obstacle to the healthy growth of an independent medical profession is the unfair competition of the members of the salaried medical services. In this respect the attitude of the Government is still vacillating and unhelpful. But we suspect that they well realize some of their past errors and that they are evidently unable to find a way out of the blunder. With the increasing insistence of the well informed members of the legislative council it would not be very long before this error is rectified by the Government. And in this hope we are encouraged by the growing realization by some of the more intelligent members of the services themselves that it is incorrect generally to engage in remunerative private practice.

These are the two chief hindrances which are opposed to the profession in general by external agencies. But with the disappearance of these two defects, the profession would not by any means be free to rise to its best. There are some defects which are independent of any outside influence and unless the profession makes an intelligent and determined effort to get rid of them, it can never hope to rise to the standards reached in other

countries. The professional efficiency of the practitioner of this province has generally been conceded to be fairly up to the mark. His integrity and interest in his patients are equally well thought of. On the whole it would be found that he does not compare ill with the practitioners in other countries. This does not by any means denote that the practitioners have nothing to rectify or improve. We are not here concerned about the standard of professional ethics or conduct. But we would like to discuss the state of the profession as measured by the yard-stick of scientific equipment. In recent years growing emphasis is being laid on the part played by practitioners in the domain of accurate clinical research, particularly, since the time of James Mackenzie of heart fame. For record of group observation of the incidence and effects of various diseases, for unravelling the mysteries of what are at present known as constitutional diseases and diatheses and for the accurate and detailed knowledge of the beginnings of diseases it is the private practitioner that could help. It is his unique privilege to be able to investigate these various conditions. One of the objects of the Bulletin has been to provide the necessary medium for practitioners of this province to report in its pages their observations on the cases they handle and to discuss their views on some of the many factors in disease which still require elucidation. Those responsible for the conduct of the Bulletin are keenly disappointed that this opportunity has not been availed of by the members to a greater extent. Various explanations have been suggested by our friends for this shyness on their part, one of the commonest arguments held forth being, that most of the conditions met with here have already been thoroughly dealt with by previous workers or in other parts of the country. We could only point out that like life disease is ever changing in its effects and its end. Incidence of diseases change, epidemics vary in their severity and manifestations, fatal diseases become curable, unknown diseases become commonly prevalent. And in all these manifestations and variations the practitioner who is ordinarily keen should discover a number of points to relate and to discuss. Another reason that is given, and, we are afraid, greatly believed in, is that research and report is for the highly paid laboratory worker or the affluent practitioner of the metropolis. There could be no more tragic misconception than this.

It would be unnecessary to remind the well educated readers of the Bulletin that Jenner was but an unknown country practitioner when he made the epoch making discovery of vaccination, and that Koch did much of his great work while he was yet a struggling practitioner in one of the provincial towns of Germany. The history of medicine gives instances of scores of such illustrious names. But there have been many men who by their quiet keenness in their day to day work have contributed much to the make-up of present day medicine.

The practitioners are not entirely to blame for the existing state of affairs. They lack precedents. They have not the example of great men who have done patient and accurate work in their midst. They sadly lack the guidance of inspiring " master-minds." But indisputably there is much to do in the way of accurate clinical observation in our country. And if we do not possess giants to do the work, the work has still to be carried out and it is the duty of smaller men to shoulder the task. The practitioner, however modest and humble, would do well to remember that

> " *Sands make the mountain,*
> *moments make the year.*"

GENERAL NOTES.

We congratulate the candidates who have come out successful in the various medical examinations in Madras. The examinations in Madras are admittedly very stiff particularly the final examinations. Those that have come out of the ordeal successfully deserve high praise indeed. As most of the newly qualified Licentiates and Graduates would eventually settle down as practitioners, we sincerely welcome them and wish them successful careers.

* * *

One hears in these days much about standards in examinations. We do not know if it has anything to do with the activities of the British Medical Council in the recent past. Some uncharitable people suggest that the great number of failures in the medical examinations is merely to show that the local standard is very high. We have never been convinced that large failures always indicate high standards; nor do they often reflect on the average intelligence and industry of the candidate.

* * *

Apart from explanations, one does really wonder why failures should be so large. We understand that out of over 100 candidates who sat for the Final Medical Examinations of the Madras University only about 25 were passed. We are told that the results here are not very different from what obtains elsewhere. We do not consider this sufficient justification for the large failures. We can understand such failures in examinations like those of the Conjoint Board of England where hundreds of candidates from various countries and diverse institution with uneven standards of education present themselves for the test. But such conditions do not obtain here. All the candidates have their education and practical training chiefly in one institution and practically under the same set of teachers. Further almost all the examiners are selected from those who happen to be the teachers. These teachers must be well aware of the standard expected at the examination and if these candidates do not come up to the mark it would be reasonable to assume that either the candidates are intellectually poor or lacking in diligence. But such assumption as well as the suggestion of inefficiency of teacher or incompetence of examiners are untenable. It were to be greatly desired that the University or the Government would take some trouble to find the real cause of such poor results from the much pampered medical colleges in this province.

* * * *

W have heard complaints from some of the practitioners of this city about the Government X-Ray Institute of Madras. Their chief grievance seems to be that often patients advised by them to get their skiagrams taken in the above institute do not return to them. It is presumed by them, we consider on insufficient grounds, that these patients find themselves admitted into the hospital or are directed to go to some other doctor. We do not believe that such highly paid officers as the Radiologist or his assistants could be guilty of such conduct. Further it does not profit them. If there is any truth in these complaints some mischievous menials or strangers must be responsible for such vagaries. Another complaint is that patients referred for skiagrams sometimes return well primed with suggestions that a course of X-Rays or ultra violet rays or this bath or the other would do a wonderful amount of good to them. There must be some good Samaritan in the institute who gives so much advice for no consideration. We do

not consider these complaints seriously. If the practitioners have any grievance about the institute, the remedy is in their own hands. We are sure that if the attention of the Radiologist is drawn to the vagaries, if any, he would readily euquire into the complaints.

Meeting of Hungarian Obstetricians.

At the recent general meeting of Hungarian Obstetricians and Gynaecologists a large number of foreign physicians were present. Dr. L. Miklos reported an investigation of the action of the hormone of the corpus luteum during the second half of pregnancy, when it is absent under normal circumstances. He injected 1 c.c. of the corpus luteum hormone daily into the peritoneal cavity of rats; labour set in 4 or 5 days later than the known longest duration of gestation. Dr. A. Probstner said that treatment with ovarian extracts is not especially satisfactory. What is the reason? It is important only to administer extracts that are biologically tested, and in sufficiently large doses. Orally, a much larger dose is required than by the way of injection. The efficacy of treatment is influenced also by the fact that the ovaries contain more than one hormone. Irregular menstruation is not always dependent on deficient functioning of the ovaries; the functioning of the other glands of internal secretion may be impaired.

Dr. L. Honig read a paper on "The visual field in gravid women." The bitemporal hemianopia of gravid women is regarded as a physiologic symptom by some authors, while others deny that it exists. Finlay, Carwill and later Lohlein propounded the theory that the cause of these changes may be the enlargement of the hypophysis during gestation and the consequent pressure exerted by the latter on the chiasma. This assumption concords with the hypophyseal conditions found in pregnant women after death. Erdheim and Stumme say that it is an error to assume the presence of a systematic pressure exerted on the chiasma by the hypophysis (enlarged), because, if so, the visual disturbances of pregnant women would be encountered much more often. This can occur only among exceptional circumstances, such as the presence of a shallow sella tursica. Dr. Honig made thorough visual examinations on 67 gravid women before and after labour; he used the Forster perimeter, testing the sight as to white, blue and red. Restriction of the temporal half of the visual field as to white was not found in a single case. A normal visual field as to red and blue was found in 37 cases (47 per cent); a concentrically narrowed visual field was found in 36 cases (53 per cent). The conditions were almost identical in primipara and multipara.

Dr J. Szalay read a paper on injuries of the female genital organs. At the gynaecclogical clinic of the unversity of Pecs, among 5,052 patients only 11 sustained such injuries except during labour. Of the 11 cases, 5 originated in co-habitation. With adequate surgical treatment all of them healed promptly in spite of the fact that one of the injuries penetrated into the peritoneal cavity. Of the remaining 6 cases three were bruises, one caused by falling from a tree, one by a projectile and one originated from an accident causing fracture of the pelvis. All these were much more serious than those arising from sexual intercourse; two were fatal.

Dr K. Hegedus read a paper on the achievements of research on hormones affecting gynaecology. The last five

years brought forward new knowledge of hormones affecting the female sexual functions. The isolation of the oestrous hormone was followed in 1928 by the discovery of the corpus luteum hormone and in 1929 by the discovery of the sexual hormones of the anterior lobe of the hypophysis. The oestrus or follicular hormone, which can be produced also in a crystalline form, calls forth the proliferating phase of the uterine mucosa. The corpus luteum hormone is an easily decomposing substance of lipoid nature and it creates on the uterine mucosa the pregravid transformation necessary to the embedding of the ovum. Prolan A and B are thermolabile and produce the characteristic changes in the ovaries of infantile mice when used in the Aschheim-Zondek reaction. These researches signify great progress but there are yet many unanswered questions. (*J. A. M. A.*)

The Practice of Medicine.

The practice of medicine differs in many ways from that of any other applied science. The ever-varying human material with which it deals makes it impossible to lay down cut-and-dried rules of universal applicability. The vitality and reactivity of this material are fundamental facts which outside theorists are apt to overlook. There is, between patient and doctor, an important psychic inter-relation which is of the very essence of the physician's art. For this reason, it is not always easy to define in what medical excellence consists; and rarely can popular or professional verdicts, without qualification and amplification, be accepted as adequate or final. There is still plenty of truth in Johnson's observation that "a physician seems to be the mere plaything of fortune; his degree of reputation is for the most part totally casual; they that employ him know not his excellence; they that reject him know not his deficiency.

Let us examine a little more minutely the peculiarities of the functional status of the physician—the ordinary practising doctor. The extent to which in recent years our conception of disease has changed is not commonly appreciated—even by doctors themselves. More and more we are coming to realise how intimately mingled are the psychic and physical aspects of vital phenomena; and in pathological as in physiological syndromes, the more carefully we analyse, the more we find that mental and emotional, as well as chemcial and physical, factors are involved. That is why no mere book-learning, no mechanical efficiency, no equipment of thermometers, stethoscope, sphygmomanometers and microscopes, can of themselves make an ideal physician. Many of the specialisms of medicine and many surgical tachniques may well be regarded as crafts, for emotional receptiveness and reciprocity enter into them but slightly. They are, indeed, almost impersonal; and their subject matter may, without appreciable sacrifice of efficiency, be treated as objectively as the baker treats his dough or the carpenter his timber. Accordingly, the organisation of such services present to the statesman problems that differ but little in kind or in degree from those presented by the postal, the transport, and the ordinary sanitary services. The problem of the general or family physician may not be thus simply disposed of. All that is good in medical tradition is based upon a belief—coincident with the basic doctrine of Christianity—that every individual life is a sacred trust. The community must, for the time being, in nearly every case, occupy but the second place in the doctor's consideration. It is the well-being, the restoration to health, of the

individual patient before him to which his energy must primarily be directed. Moreover, unless between the doctor and his patient a laison of sympathy and confidence exists, a satisfactory outcome can rarely be looked for.

It is such things as these that doom to failure any attempt to standardise the practice of medicine. Practised as it should be practised, medicine is as lively, as variable, as individual, and as selective, as are any of the fine arts. There are, of course, a few stable facts, a few tabulated generalisations; but no intelligent and observant doctor can be in practice for a week without discovering that his true work consists, not so much in treating pneumonia, sleeplessness and dyspepsia, as in treating individual men, women and children in varying states of psycho-physical disharmony. It is clear from all this that for the adequate diagnosis and the effective treatment of illness, an intimate knowledge, not only of the patient's anatomy and observable physiology, but also of his environment, his home, and his habits of life, is necessary. This is the case for the family doctor.

Contribution of Science to Medicine

Unfortunately, this represents an ideal only occasionally realised. There is, moreover, a general feeling that the public are not, in fact, getting anything like the full potential benefit from the contributions which science has made to medicine in the last quarter of a century. It cannot be denied that the actual domiciliary practice of medicine to-day falls very far short—unnecessarily short—of the practicable ideal. How can we improve this state of things? Certainly not by Whitehall regulations or by alternative methods of official stereotyping. The pride of initiative, and the sense of individual and ultimate responsibility, which have throughout history characterised the finest and the most valuable practice must be preserved at all necessary costs.

Montesquieu remarked that every State has good laws; the difference lies in the way they are administered. The dangers of a bureaucratic organisation and control are obvious. But no less obvious are the evils of competitive private practice as we have it to day. There is something offensive to the moral and aesthetic senses in the meting out of hygienic salvation according to ability to pay for it. Of course, any doctor can rise above this consideration, and the experience of plenty of people will coincide with that of Dr. Johnson, who "found in physicians great liberality and dignity of sentiment, very prompt effusion of beneficence, and willingness to exert a lucrative art, where there is no hope of lucre." But doctors in the mass are just ordinary men and women, with no exceptional bias towards altruism and self-abnegation. The financial exploitation of monopoly cannot wisely be left to the monopolists.

The doctor's professional liberty, individual responsibility and pride of initiative are in no way bound up with his present method of remuneration. The tyranny of patients on whose favour the doctor's living depends may be as galling and as stultifying as that of a remote bureaucracy. Fortunately, neither is necessary. The recent re-planning of local administration (Great Britain) has opened another way. But, unless the education of the non-specialist practitioner is modified to meet new demands and new possibilities, no formal reorganisation will, of itself, give us what we need.—*The Spectator.*